



COUNTY OF LOS ANGELES

# Public Health

**JONATHAN E. FIELDING, M.D., M.P.H.**  
Director and Health Officer

**JOHN F. SCHUNHOFF, Ph.D.**  
Chief Deputy Director

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Los Angeles, California 90012  
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[www.lapublichealth.org](http://www.lapublichealth.org)

March 19, 2007



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TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H.  
Director and Health Officer

SUBJECT: **NOTIFICATION OF DEPARTMENT OF PUBLIC HEALTH'S INTENT TO ENTER INTO A SOLE SOURCE AGREEMENT WITH DAVID EISENMAN, M.D., M.S.H.S AT THE GEFFEN SCHOOL OF MEDICINE AT UCLA TO CONDUCT DATA ANALYSIS AND REPORTING ON PUBLIC HEALTH RESPONSE TO EMERGENT THREATS SURVEY (PHRETS)**

This is to advise you that the Department of Public Health intends to enter into a sole source agreement to distribute \$96,187 of federal bioterrorism funds to the Geffen School of Medicine at UCLA, Division of General Internal Medicine and Health Services Research to undertake an extensive analysis of data and report preparation regarding the Public Health Response to Emergent Threats Survey (PHRETS). This information will assist us in evaluating the impact of our public information and risk communication efforts, and will inform our efforts to work with specific communities to enhance their levels of preparedness.

Specifically, under the direction of David Eisenman, M.D., M.S.H.S., researchers at UCLA will consult with Public Health, and conduct an in-depth series of analysis of the PHRETS data to provide information to assist us in developing and implementing targeted community level interventions to address barriers in preparedness for public health emergencies. The attached sole source request provides additional information.

This project will help Los Angeles County Department of Public Health gain insight into perceptions regarding public health emergencies and the barriers and facilitators of personal preparedness actions among Los Angeles County's diverse population. Information from this project will be used to help guide the development of emergency preparedness messages and community outreach programs for specific target audiences, including individuals with special health care needs.

To allow time for your review and comments, we will not conduct negotiations until 10 days from the date of this memoranda. Should you have questions, please contact me or your staff may contact Anna Long, Ph.D., M.P.H. Chief of Staff at (213) 240-8036.

JEF:aml  
jfes031207 mem


c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors

Attachment

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
BIOTERRORISM PREPAREDNESS PROGRAM**

February 14, 2007

TO: John F. Schunhoff, Ph.D.  
Chief Deputy

FROM: Anna Long, Ph.D., M.P.H.   
Chief of Staff

SUBJECT: **REQUEST FOR A SOLE SOURCE AGREEMENT FOR UCLA SCHOOL OF  
MEDICINE, DIVISION OF GENERAL INTERNAL MEDICINE AND HEALTH  
SERVICES RESEARCH**

This is to request permission to enter into a sole source agreement to distribute \$96,187 of federal bioterrorism funds to the Geffen School of Medicine at UCLA, Division of General Internal Medicine and Health Services Research to undertake an extensive analysis of data and report preparation regarding the Public Health Response to Emergent Threats Survey (PHRETS). This information will assist us in evaluating the impact of our public information and risk communication efforts, and will inform our efforts to work with specific communities to enhance their levels of preparedness.

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**Background**

On August 31, 2005, the Centers of Disease Control and Prevention (CDC) provided the Department with continuation funding #UB90/CCU917012-06 in the amount of \$27,439,038 in Financial Assistance and \$493,994 in Direct Assistance effective August 31, 2005 to August 30, 2006 to prepare for and respond to bioterrorist threats or other public health emergencies in Los Angeles County. Subsequently, CDC approved additional carryover funding from prior years into the same award to increase the total Financial Assistance to \$42,680,553, total Direct Assistance to \$642,134.


As a grant requirement, the Risk Communication and Health Information Component of the Bioterrorism Preparedness Program conducts a variety of risk communication activities, including providing needed health/risk information to the public and key partners in preparation for public health threats and emergencies, obtaining critical baseline information about the current communications needs and barriers, and identifying effective channels of communication for reaching the general public and special populations during public health threats.

Collected in 2004, the PHRETS data has not been thoroughly analyzed due to limited personnel resources in the Department. A comprehensive analysis of the data, recommendations and reports requires intensive data analysis and interpretation work. The number of hours required to analyze, interpret and write-up these data

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
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Collected in 2004, the PHRETS data has not been thoroughly analyzed due to limited personnel resources in the Department. A comprehensive analysis of the data, recommendations and reports requires intensive data analysis and interpretation work. The number of hours required to analyze, interpret and write-up these data

exceed those currently available in the Department's Office of Health Assessment and Epidemiology. To address this we are requesting services the following services:

We have requested that UCLA conduct a series of analyses of the 2004 PHRETS survey. Objectives for the analyzes are to:

- 1) Determine variations in disaster preparedness by demographic, socioeconomic, health, and psychological/attitudinal variables, and
- 2) Examine the relationship between trust in public health and potential behavioral responses to a bioterrorist event.

The results of these analyses will assist us in developing and implementing risk communication strategies to assist residents in preparing and responding to public health emergencies. The following specific questions will be addressed in this project:

- 1) What are the variations in disaster preparedness by demographic, socioeconomic, health, and psychological/attitudinal variables? Disaster preparedness will be measured by multiple outcomes, including: household level (items in a disaster kit, emergency contact plan, global assessment of household preparedness); perceived preparedness of one's community; perceived preparedness of one's place of employment; and perceived preparedness of children's school.
- 2) What is the relationship between trust in the public health system's ability to respond effectively to bioterrorism and potential individual responses to a bioterrorist event?
- 3) How does this relationship vary within demographic subgroups, specifically within racial/ethnic subgroups? Individual responses of interest include response to a public health directive after an attack, sources sought for additional information, and sources sought for social support.

The following deliverables are anticipated at the end of this 12 month project:

- 1) A minimum of one manuscript-quality report on the results of the analyses.
- 2) One "White Paper" report highlighting and discussing major findings of the analyses.

### **Scope of Work**

Attachment I provides the proposed project scope of work.

### **Term**

The term for the project is February 19, 2007 to August 31, 2007.

### **Justification/Vendor Qualification**

The proposed analyses, interpretation and report preparation will be conducted under the direction of David Eisenman, M.D., M.S.H.S., Assistant Professor at UCLA Division of General Internal Medicine & Health Services Research. The proposed project is a direct result of collaboration between Dr. Eisenman's team of researchers and Public Health staff in the Offices of Health Assessment and Epidemiology, Public Health Policy and the Bioterrorism Risk Communication Component of the Bioterrorism Preparedness and Response Program. The attached sole source justification provides additional detail.

Dr. Eisenman will serve as the principal investigator for the project. Steven Asch, M.D., M.S.H.S. and Michael Ong, M.D., Ph.D., will serve as the project's co-investigators.

John Schunhoff, Ph.D.  
February 14, 2007  
Page 3

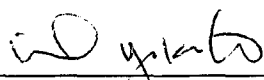
Work on the project will begin no later than February 19, 2007 and will be completed by August 31, 2007. The attached sole source justification provides additional detail (Attachment II).

If you have any questions or need additional information, please let me know.


AML:aml

Attachments

NOTED and APPROVED:

  
\_\_\_\_\_  
Miles Yokota  
Administrative Deputy

2-21-07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
John F. Schunhoff, Ph.D.  
Chief Deputy

2-14-07  
\_\_\_\_\_  
Date

UNIVERSITY OF CALIFORNIA, LOS ANGELES

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August 23, 2006

Anna Long  
Chief of Staff  
Public Health  
Los Angeles County Department of Health Services  
313 North Figueroa Street, Room 127  
Los Angeles, CA 90017

SUBJECT: Revised Proposal

Dear Ms. Long:

On behalf of The Regents of the University of California, I'm pleased to submit the enclosed proposal. This is a revision of a proposal submitted in January 2006.

If an award is made, it should be issued in the name of The Regents of the University of California and should be forwarded to me. Please don't hesitate to contact Dr. Eisenman at 310-794-2452 with any programmatic questions, or me at the number below with any administrative questions.

Sincerely,

A handwritten signature in cursive script that reads "Connie Whitley".

Connie Whitley  
Sr. Contract and Grant Officer  
[cwhitley@resadmin.ucla.edu](mailto:cwhitley@resadmin.ucla.edu)

Enclosure

cc: David Eisenman, M.D.  
Helen Lee

**PROPOSAL FOR DATA ANALYSIS of PHRETS Survey**  
**SUBMITTED BY DAVID P. EISENMAN, MD MSHS**  
**February 12, 2007**

**Overview and Objectives**

UCLA has been asked by the Los Angeles County Department of Health Services to analyze data from the PHRETS survey. The objectives of the analysis are to 1) determine variations in disaster preparedness by demographic, socioeconomic, health, and psychological/attitudinal variables, and 2) examine the relationship between trust in public health and potential behavioral responses to a bioterrorist event. Results are intended to be useful to public health officials charged with preparing and responding to catastrophic terrorism. To fulfill these objectives, UCLA will conduct analyses with the following specific aims:

**Specific Aims:**

1. What are the variations in disaster preparedness by demographic, socioeconomic, health, and psychological/attitudinal variables?

Disaster preparedness will be measured by multiple outcomes, including: household level (items in a disaster kit, emergency contact plan, global assessment of household preparedness); perceived preparedness of one's community; perceived preparedness of one's place of employment; and perceived preparedness of children's school.

2. What is the relationship between trust in the public health system's ability to respond effectively to bioterrorism and potential individual responses to a bioterrorist event?
3. How does this relationship vary within demographic subgroups, specifically within racial/ethnic subgroups?

Individual responses of interest include response to a public health directive after an attack, sources sought for additional information, and sources sought for social support.

**Background and Significance**

In Los Angeles, as with many cities and communities in the United States, it is not a matter of if, but rather when a disaster—natural (earthquake, fire, etc.) or man-made (catastrophic terrorism, chemical spill, etc.)—will happen. Los Angeles County Department of Health Services works to promote and protect the health of a jurisdiction of nearly 10 million people, a population larger than most states. Bioterrorism planning and preparedness activities are a critical focus for the department. Increasing Los Angeles County's level of household preparedness for disasters, including large-scale terrorist attacks, is a significant concern of public health planners. The existence of terrorism calls for prudent levels of preparedness along side the preparedness already recommended for natural catastrophes. As with natural disasters, individuals can help protect their health and safety from a catastrophic terrorist event by preparing for the emergency situation that may follow. Preliminary analyses of the PHRETS survey have indicated that there may be significant differences in household level preparedness across gender, race/ethnic groups, income, and across the geographic areas of Los Angeles County.

The effectiveness of the public health system at the local level may be influenced by how it is viewed by significant subgroups of the community. It is important to evaluate, for example, the extent to which mistrust or lack of confidence in public health authorities may be an obstacle to effective responses. For instance, historical mistrust or lack of confidence in the public health structure on the part of vulnerable and disenfranchised racial/ethnic groups may be an obstacle to effective responses. Preliminary analyses have indicated that there may be a significant inverse relationship between trust in public health and likelihood of following a public health directive issued in response to a terrorist attack. This relationship needs to be understood better and examined across demographic, socioeconomic and other groups. Understanding the relationship between trust and predicted behaviors will be useful in informing planning and communication strategies.

#### **Dependent variables, Specific Aim 1**

Preparation/Readiness Construct (Items Q13, Q14, Q16, Q18, Q21, Q22)

#### **Dependent variables, Specific Aims 2 & 3**

Q37 ("If the head of the local government and officials from the county health department announced that you should....")

Q38 ("...which of the following sources would you go to get more information")

Q39 ("How much help and support would you expect from....")

#### **Potential Covariates for all analyses**

Gender

Age

Race/ethnicity

Education

Income

Language used in interview or household

Health status

Disability

Social support

Household composition

Perceived risk of terrorism

4 items measuring trust in public health

#### **Preliminary Data Analysis Plan (all analyses weighted)**

1. Univariate Analysis of all independent and dependent variables.
2. Creation of scales as required.
3. Bivariate Analysis:  
In all bivariate analyses begin with the common effects then perform subsample analyses TBD.
  - a) Two sample chi-square test for independent variable on dependent variable where categorical.
  - b) Two sample t-test for independent variable on dependent variable where continuous.



#### 4. Stratified analyses and multivariate analyses as appropriate.

##### **Deliverable**

A single, omnibus “White Paper” report will be completed highlighting and discussing major findings of the analyses. In consultation with LACDHS, findings from this report will be used to write a minimum of one manuscript-quality report targeted for submission to a peer-review publication.

##### **Project Staff**

Principal Investigator: David P. Eisenman, MD, MSHS  
Co-Investigators: Steven Asch, MD, MSHS, Michael Ong, MD, PhD  
Programmer/Statistician: TBD  
Research Assistant: Richard Maranon

##### **Tasks and Timeline**

We propose a 7.5 month timeline (beginning February 15, 2007) for completion of all products.

<b>Proposed Task</b>	<b>Month</b>
IRB application; Univariate and bivariate analyses; scale development and variable construction	1-2
Stratified and Multivariate analyses	3-5
Report Preparation; Manuscript Preparation	6-7.5

**Analysis of PHRETS Survey****Budget for periods January 16, 2007 - August 31,2007****Year 1 (7.5 Months)****Personnel**

<b>1. Personnel Name</b>	<b>Role on Project</b>	<b>Months</b>	<b>% Time</b>	<b>Inst. Base</b>	<b>Salary Request</b>	<b>Fringe Benefits</b>	<b>Total Budget</b>
Eisenman, David	Principal Investigator	12	25%	\$125,000	\$19,531	\$3,320	\$22,851
Asch, Steven	Co-Investigator	12	1.5%	\$205,000	\$1,922	\$327	\$2,249
Ong, Michael	Co-Investigator	12	5%	\$105,000	\$3,281	\$558	\$3,839
TBN	Programmer	12	50%	\$72,240	\$22,575	\$4,967	\$27,542
Maranon, Richard	Research Asst.	12	30%	\$44,556	\$8,354	\$1,838	\$10,192
Rogelberg, Alex	Computer Technician	12	2.5%	\$45,540	\$712	\$157	\$869
<b>Subtotals</b>					<b>\$56,375</b>	<b>\$11,167</b>	<b>\$67,542</b>

**Supplies**

Project Supplies	\$	550
STATA Software	\$	1,050

**Other Expenses**

Rent/Utilities *	\$	7,261
Technology Infrastructure Fee	\$	534
Copies	\$	200
Mailing	\$	100
Phones	\$	600

<b>Subtotal Yr. 1</b>		<b>\$77,837</b>
<b>INDIRECT COSTS at 26% MTDC</b>	<b>\$</b>	<b>18,350</b>
(minus rent & equipment costs)		
<b>Grand Total</b>		<b>\$96,187</b>

(Please note \*line items are exempt from Indirect costs)

## **BUDGET JUSTIFICATION: Analysis of PHRETS Survey**

The following budget justification is for the 7.5-month grant period. It includes a benefit rate of 17% for academic personnel (investigators) and 22% for staff personnel is used. Facilities and Administrative costs are calculated at 26% total direct costs, less equipment and fees.

### **PERSONNEL**

**David Eisenman, M.D., M.S.H.S., Principal Investigator, (25% Effort)** is an Assistant Professor of Medicine at UCLA. Dr. Eisenman will devote 25% effort to the project. He will oversee all aspects of the project's implementation and be responsible for the day-to-day management of all aspects of the project including final decisions regarding study protocol, hiring and supervision of all personnel, management of overall budget, and data analysis. He will convene all operational meetings; administer staff and budget; review progress and report to funding agency; lead the data analysis; and maintain adherence to timeline. He will also oversee the programmer for the statistical analysis. Dr. Eisenman will supervise or lead all reports and manuscripts related to the contract.

**Steve Asch, M.D. M.S.H.S., Co-Investigator, (1.5% Effort)** is an Associate Professor of Medicine at UCLA. He will provide overall and technical advice in the study design, data analysis and report/manuscript writing. He will also participate in the preparation of all manuscripts and reports. Dr. Asch will devote 2% effort on the contract.

**Michael Ong, M.D., Ph.D., Co-Investigator, (5% Effort)** is an Assistant Professor of Medicine at UCLA. He will lead the analysis and report/manuscript writing relevant to the Asian-Pacific Islander sample. He will participate in the study design, data analysis, and manuscript preparation throughout the project. Dr. Ong will devote 2% effort on the contract.

**TBN, Statistician/Programmer, (50% Effort)** Under the supervision of project PI, this individual will provide statistical consultation and provide database management, data manipulation and statistical programming for research papers and organizing outputs for meeting discussion. This individual will devote 30% time.

**Richard Maranon, Research Assistant, (30% Effort)** will assist Dr. Eisenman in all aspects of the study including administration and coordination of the study, literature reviews, study implementation, data analysis, and report writing. He will schedule weekly progress meetings, will maintain meeting notes at all meetings and will be responsible for various project tasks, keep all project related records and files, compose project related correspondence, and serve as liaison between the funding agency, the University administrative offices, and project staff, retrieving and copying journal articles maintain accurate project records and files. The research assistant will devote 18% effort to the contract.

**Alexander Rogelberg, Computer Technologist, (2.5% Effort)** will be responsible for maintaining computer network connections, hardware, and software for the project. Budgeted at 2.5% for award period to ensure that the all computer facets of the project are maintained.

### **SUPPLIES**

**Project Supplies** include computer and office materials (including diskettes, CD-RWs, paper, pencils, notebooks, files and hanging folders, and other project related supplies), computer materials (e.g., estimated two printer toner cartridges each year), and materials for reports. We have budget \$550.

**STATA Software.** Stata upgrade is required for two computers (Dr. Eisenman and the Programmer/Statistician). \$1050 has been budgeted to upgrade a 2-user Intercooled Stata 8 to Stat/SE 9.

**OTHER EXPENSES**

**Rent** is budgeted as we are now housed in an off-campus facility and are required to budget for the space the project will occupy. Rent is calculated at a standard percentage.

**Library/copies** have been budgeted to copy articles, project correspondence, reference materials and other materials to be utilized in analysis and report writing. We have budget \$200.

**Mailings.** Postage/FedEx have been budgeted for so that hard copy materials may be mailed in a timely manner between study members and between study members and LACDHS staff. We have budget \$100.

**Phones/fax** have been budgeted to allow for bi-monthly and semi-annual teleconferences requiring an 800 call-in number and calls/fax among study staff and between staff and LACDHS staff. We have budget \$500.

Requisition #: Q 40595

Item: UCLA, Analysis of Public Health Response to Emergent Threats Data Project

Date: August 23, 2006

Department: Department of Public Health, Bioterrorism Preparedness and Response Program

**SOLE SOURCE REQUEST**

***DOCUMENTATION FOR SOLE SOURCE JUSTIFICATION MUST INCLUDE RESPONSES TO THE FOLLOWING QUESTIONS WHEN APPLICABLE:***

***1. What is being requested?***

We are requesting that the Geffen School of Medicine at UCLA, Division of General Internal Medicine and Health Services Research conduct extensive data analysis and report preparation related to the Public Health Response to Emergent Threats Survey (PHRETS). This information will assist us in evaluating the impact of our public information and risk communication efforts, and will inform our efforts to work with specific communities to improve and enhance their levels of preparedness.

Under the direction of David Eisenman, M.D., M.S.H.S., researchers at UCLA will consult with Public Health, and conduct an in-depth series of analysis of the PHRETS data to provide information to assist us in developing and implementing targeted community level interventions to address barriers in preparedness for public health emergencies.

***2. Why is the product needed – how will it be used?***

As a grant requirement, the Risk Communication and Health Information Component of the Bioterrorism Preparedness and Response Program conducts a variety of risk communication activities, including providing needed health/risk information to the public and key partners in preparation for public health threats and emergencies, obtaining critical baseline information about the current communications needs and barriers, and identifying effective channels of communication for reaching the general public and special populations during public health threats.

***3. Is this "brand" of product the only one that meets the user's requirements? If yes, what is unique about the product?***

Yes. Public Health has worked with Dr. Eisenman to analyze bioterrorism data from the Los Angeles Health Survey previously. His knowledge of the LA Health Survey data includes an understanding of the weighting and sampling frame. He has an extensive knowledge of perceptions of bioterrorism issues among Los Angeles County residents and has collaborated with Public Health in the analysis of data resulting in previous reports and peer-review journal articles. Therefore, the proposed vendor has the expertise and familiarity with the subject area to provide the requested services in an efficient and timely manner needed by the Department.

***4. Have other products/vendors been considered? If yes, which products/vendors have been considered and how did they fail to meet the user's requirements?***

No other vendors considered (see number 3 above).

- 5. *Will purchase of this product avoid other costs, e.g. data conversion, or will it incur additional costs, e.g. training, conversion, etc.?***

Collected in 2004, the PHRETS data has not been thoroughly analyzed due to limited personnel resources in the Department. A comprehensive analysis of the data, recommendations and reports requires intensive data analysis and interpretation work. The number of hours required to analyze, interpret and write-up these data exceed those currently available in the Department's Office of Health Assessment and Epidemiology. Finally, because this is a time-limited need, it would not be cost effective for the county to secure more specially trained staff, equipment, and the software needed to conduct this work.

- 6. *Is this product proprietary or is it available from various dealers?***

No, see number 3 above.

- 7. *Reasonableness of Price. Does the County obtain a percentage discount not available to the private sector?***

Dr. Eisenman has provided high quality service and has the particular expertise needed by the Department for this service request (see number 3 above). Additionally, the Department's Bioterrorism Preparedness Program has had previous agreements with the proposed contractor.

- 8. *What is the dollar value cost for existing equipment and the Purchase Order for existing equipment?***

Not applicable. The total cost for the requested purchase order is \$96,187.